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# Mental Health Symposium Spotlights New Programs To Support President's Report

**16 Dec 2003**

Larry Fricks, a director in Georgia's department of mental health, introduced an exciting new and successful concept in mental illness recovery at the [Nineteenth Annual Rosalynn Carter Symposium on Mental Health Policy](#), Nov. 5-6, 2003. His idea was one of many discussed at the symposium, where experts and policy-makers from around the country brainstormed ways to implement recommendations in the July 2003 report issued by President Bush's New Freedom Commission on Mental Health ([read full report, PDF format](#)). The commission declared that the nation's access to and delivery of mental health services was inadequate for existing need, even though almost everyone with a mental illness can recover.

Almost 20 years ago, Fricks was near suicide, hospitalized three times with bi-polar illness and arrested on another occasion, all while abusing substances. Those ordeals inspired him to realize the power of believing in his own recovery, and today he not only is in full recovery, but also has translated that recovery into leadership. Experiences like his are the foundation for creating the three-year-old [Certified Peer Specialist Project](#) with Georgia's Mental Health Division, the only project of its kind anywhere in the nation. It's based on empowerment through contact with others who have mental illnesses. To date, Georgia has 163 Peer Support Specialists and more than 2,500 people have received their services.

### What stands out most in the Commission's report?

The 1999 Surgeon General's Report on Mental Health opened the door to the idea of people with mental illnesses and their families becoming advocates, participants, and providers of mental health services. This has the potential to be a great boost to the whole movement of self-directed recovery. We're very excited about the potential here. We've got a commission that starts out saying that every consumer (person with mental illness) can recover. Most people never used to believe that, and so it's a huge shift. What we want to do is shift to our strengths rather than magnify the disability or the diagnosis.

### How does your Peer Specialists Project relate to the



**Larry Fricks addresses the Nineteenth Annual Rosalynn Carter Symposium on Mental**

**commission report?****Health Policy.**

Let me explain it to you this way: If there were two doors and one said, "That door is medication and symptom reduction, that door is recovery and a quality of life, meaningful life in the community," which door do you think the person would want to go through? They want to go through that second door - recovery and a meaningful life. Now they may need to go through that other door once in a while, but what we had before was only that first door. When you go that (recovery) route, you're more likely to take the medication, especially if we see it helps us improve our quality of life. It's going to save taxpayers millions of dollars, and it's going to work. It's morally the right thing to do, and Mrs. Carter is exactly right when she said at the symposium that it's the start of hopefully putting funding toward what we believe is the cutting edge of treatment with self-directed recovery.

**Could you give me some examples of how it works?**

We don't replace medication or the role of the psychiatrist or psychologist. We are an agent who realizes that recovery can be enhanced by teaching people skills to manage their own illness and their own recovery. So we teach those skills and a wellness recovery action plan. You learn why it is you have a good day and a bad day, and you figure out, "These are the things that lead to a good day, these things contribute to a bad day. I can control more of these things." We train against negative self-talk: In other words, we often tear ourselves down, and we train people to see, "No, that's not reality. That's just your thought. You can replace those thoughts." We teach goal-setting and problem-solving. People are shown how to write individual service plans so that they identify what they want to do with their life and then you tie treatment back to those recovery goals.

**So who delivers the information is the key?**

That's exactly why we're doing this. We believe that a peer hears it better from another peer. Not only are you role-modeling recovery, which sends a message of hope, you've also walked in that person's shoes and you can relate to the stigma, the hopelessness, and the frustration. So you're just going to hear it differently from somebody that's walked in your shoes. Another thing is, there's a crisis in the healthcare workforce. A lot of healthcare workers are not paid a lot of money, and a certified peer specialist is not an expensive provider, yet they come with a set of values, because they know what it feels like. Also, when I help someone else in recovery, it strengthens my own recovery. It gives meaning to my life. It gives meaning to my experiences. It gives meaning to the hopelessness I once felt.

**The Carter Center's Mental Health Program is dedicated to diminishing the stigma against mental illnesses. What would you say remains the greatest challenge in reducing this stigma today?**

Surprisingly enough, I think employment is very important to people with mental illnesses. We are the most unemployed group of people with a disability, and yet we know that when we find and keep meaningful work, we literally experience a symptom reduction. The other thing that happens is that on the job, attitudes change. When I work next to you all day, you're going to maybe discover that schizophrenia is different than you thought it was...I believe strongly in the system looking at more and more efforts around supported employment. That will fully integrate us. It will give us choice.

**What's the prospect for peer programs to catch on nationwide?**

We've had nine states send people to our training. We were just in Hawaii this summer, and we trained and certified their first peer specialist. The National Mental Health Association recently came out with a policy that recommends peer support be part of the array of services in this country and that every state have significant funding for it. So I would say in five years, certified peer specialists will be as accepted as other providers. That is our goal.

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Learn more about the Carter Center's [Mental Health Program](#) and about [Rosalynn Carter's work on behalf of the mentally ill](#).

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